



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

DR TIMOTHY MARKS MD

Respondent Name

WAL MART ASSOCIATES INC

MFDR Tracking Number

M4-15-3576-01

Carrier's Austin Representative

BOX NUMBER: 53

MFDR Date Received

JUNE 29, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am requesting a medical Fee Dispute Resolution in accordance with 28 TAC 133.307(c)(2). Required documentation is attached."

Amount in Dispute: \$895.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Requestor failed to timely submit a claim for payment to the self-insured employer in accordance with Tex.Lab.Code Sec. 408.127(a) with respect to date of service 08/07/2014. The self-insured employer could not locate receipt of the Requestor's HICFA for date of service 08/07/2014 prior to receipt of the Requestor's request for medical dispute resolution filed 06-29-2015, and the Requestor failed to provide any EOBs with his request for medical dispute resolution demonstrating prior processing by the self-insured employer."

Response Submitted by: HOFFMAN KELLEY, LLP

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 22, 2013 August 30, 2013	Professional Services	\$620.00	\$0.00
August 7, 2014	Professional Services	\$275.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.305 sets out the general Medical Dispute Resolution guidelines.
3. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for E/M services.
4. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.

The services in dispute were reduced/denied by the respondent with the following reason codes:

- W9 – Unnecessary medical treatment based on peer review.
- 219 – Based on extent of injury.
- 5073 – Charge unrelated to the compensable injury.
- 5077 – Based on a peer review, payment denied because treatment(s)/service(s) is medical unreasonable/unnecessary.

Issues

1. Does this request for medical fee dispute resolution contain unresolved extent of injury and medical necessity denials.
2. Did the requestor meet the requirements of 28 Texas Administrative Code §134.203?
3. Is the requestor entitled to reimbursement?

Findings

1. The medical fee dispute referenced above contains unresolved issues of extent-of-injury and medical necessity issues for the same service(s) for which there is a medical fee dispute. The insurance carrier notified the requestor of such issues in its explanation of benefits (EOB) response(s) during the medical billing process for dates of service August 22, 2013 and August 30, 2012. Furthermore, 28 Texas Administrative Code §133.305(b) requires that extent-of-injury and medical necessity disputes be resolved prior to the submission of a medical fee dispute for the same services. 28 Texas Administrative Code §133.307(f)(3)(B) and (C) provides for dismissal of a medical fee dispute if the request for the medical fee dispute contains an unresolved adverse determination of medical necessity and unresolved extent of injury dispute for the claim. 28 Texas Administrative Code § 133.307(c)(2)(K) provides that a request for a medical fee dispute must contain a copy of each EOB related to the dispute.
2. For date of service August 7, 2014, the respondent indicated in their response that the requestor failed to timely submit a claim for payment to the self-insured employer in accordance with Texas Labor Code §408.027(a). However the respondent nor the requestor submitted EOB(s) for this date of service. Therefore, this date of service will be reviewed in accordance with 28 Texas Administrative Code §134.203(b)(1)m which states, in pertinent part, "for coding, billing reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided..." Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 99214 is:

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History
 - History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. Documentation found listed one chronic conditions, This component was not met.
 - Review of Systems (ROS) requires two to nine systems to be documented. Documentation found listed one systems, this component was not met.
 - Past Family, and/or Social History (PFSH) requires at least one specific item from any three history areas to be documented. The documentation found listed no areas. This component was not met.

- Documentation of a Detailed Examination:
 - Requires extended exam of affected area(s) and other symptomatic or related organ system(s), additional systems up to total of seven systems to be documented. The documentation found listed 1 body area/organ systems: muscoskeletal. This component was not met.

The division concludes that the documentation insufficiently supports the level of service billed.

2. For the reasons stated above, the service in dispute is not eligible for payment,

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services..

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	October 23, 2015 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.